

STATE OF NEBRASKA
FORM NO. DC 6:5(8)
NEW 1/08
Neb. Rev. Stat. 43-2930

**TEMPORARY
CHILD INFORMATION AFFIDAVIT**

CASE NUMBER:
(assigned by Clerk of Court)

IN THE DISTRICT COURT OF _____ COUNTY, NEBRASKA
(county where Complaint filed)

_____,
(your full name)
Plaintiff,
vs.
_____,
(spouse's full name)
Defendant.

**TEMPORARY
CHILD INFORMATION
AFFIDAVIT**

STATE OF NEBRASKA
COUNTY OF _____
(county where signed)

ss.

I, _____, being first duly sworn, state as follows:
(your full name)

1. I am the _____ in this action.
(plaintiff or defendant)

2. My spouse/the other parent and I have _____ child(ren). Their names
(circle one) (number of children)

and years of birth are:

(full name of child) (child's year of birth)

(full name of child) (child's year of birth)

(full name of child) (child's year of birth)

(full name of child) (child's year of birth)

3. Following are the names and addresses of all adults with whom the above child(ren) has/have lived with for the past twelve (12) months:

<u>NAME OF ADULT</u>	<u>ADDRESS</u>	<u>NAME OF CHILD</u>	<u>DATES OF RESIDENCE</u>
_____ (name of adult)	_____ (adult's address)	_____ (name of child living with adult)	_____ (from mo./yr. to mo./yr.)
_____ (name of adult)	_____ (adult's address)	_____ (name of child living with adult)	_____ (from mo./yr. to mo./yr.)
_____ (name of adult)	_____ (adult's address)	_____ (name of child living with adult)	_____ (from mo./yr. to mo./yr.)
_____ (name of adult)	_____ (adult's address)	_____ (name of child living with adult)	_____ (from mo./yr. to mo./yr.)

4. During the past 12 months, I have provided for the daily needs of the child(ren) in the following ways:

(list of daily needs you have provided for the child(ren) in the last 12 months)

5. During the past 12 months, my spouse/the other parent has provided for
(circle one)
the daily needs of the child(ren) in the following ways:

(list of daily needs your spouse/the other parent has provided for the child(ren) in the last 12 months)

6. During the past 12 months, my work schedule has been as follows:

(describe your work schedule over the past 12 months)

7. During the past 12 months, my child(ren)'s child care schedule has been as follows:

(describe your child(ren)'s child care schedule over the past 12 months)

8. Check the box that applies:

☐ At this time, I do not expect a change to my work schedule.

OR

☐ At this time, I expect the following change(s) to my work schedule:

(list expected change(s) to your work schedule)

9. Check the box that applies:

☐ At this time, I do not expect a change to my child(ren)'s
child care schedule.

OR

[] At this time, I expect the following change(s) to my child(ren)'s

child care schedule:

(list expected change(s) to your child(ren)'s child care schedule)

10. Check the box that applies:

[] The child(ren) is/are not involved in any school-related or
extracurricular activities.

OR

[] The child(ren) is/are involved in the following school-related or
extracurricular activities:

<u>ACTIVITY</u>	<u>PARTY RESPONSIBLE FOR TRANSPORTATION</u>
_____ (activity)	_____ (party responsible for transportation)
_____ (activity)	_____ (party responsible for transportation)
_____ (activity)	_____ (party responsible for transportation)
_____ (activity)	_____ (party responsible for transportation)

11. Check the box that applies:

[] There are no circumstances of child abuse or neglect, domestic
abuse, or unresolved conflict with my spouse/the other parent that
(circle one)

would justify any limitation on custody, parenting time, visitation, or other access to the child(ren).

OR

- [] There are circumstances of child abuse or neglect, domestic abuse, or unresolved conflict with my spouse/the other parent that would
(circle one)
justify a limitation on custody, parenting time, visitation, or other access to the child(ren). Following are the details (including details of any previously filed restraining orders, protection orders, or criminal no-contact orders):

(list circumstances justifying limitation)

Dated this _____ day of _____, 20____.
(date) (month) (year)

(print your name)

Signature

Street address

City, State, ZIP code

Telephone number

SUBSCRIBED AND SWORN to before me this _____ day of _____,
20____.

Notary Public

CERTIFICATE OF SERVICE

I hereby certify that on the _____ day of _____, 20____, a true
(date) (month) (year)
copy of the foregoing Temporary Child Information Affidavit was sent by first-class mail,
postage prepaid, to my spouse at _____
(spouse's address, including street address, city, state, and ZIP code)

_____.

(your name)